**Vendor Information Form**

 New Vendor Update Existing Vendor Information

This form must be submitted with a completed IRS W-9 form.

This form is required for all vendors, including individuals, and must be completed prior to processing of purchase orders and/or checks. Please email, fax, or mail completed forms to:

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| Widener University Director of Purchasing, Michelle SheltonPurchasing Department Phone Number: (610) 499-4239One University Place Fax Number: (610) 499-4678Chester, PA 19013 Email: mmshelton@widener.edu  |
| Are you an employee of Widener University? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_If yes, please call Purchasing at 610-499-4239 or 610-499-4408, before filling out this form. |
| **Legal Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name that is used on your Federal Tax Return. If you are a Sole Proprietor of a business, the name of the owner of the business is required.)**Company or Business Name**, if different from above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| Business Address:Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Payment/Remit Address:Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Line 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate purchase order delivery acceptance: Mail\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_Commodities/Services offered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Widener Staff and/or Department you are working with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Enter your TIN in the appropriate box. For Individual/Sole Proprietor, this is a Social Security Number (SSN). For other entities, this is your Employer Identification Number (EIN).

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| Social Security Number: | Employer Identification Number: |

**Vendor Type:**

Individual/Sole Proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trustee/estate

Small Business

Tax-Exempt Organization or Federal, State, or Local GovernmentAgency

Non-Profit (Attach Letter)

Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) \_\_\_

**Note**: For a single member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Ownership Type**: (Please check those that apply)

Minority, Female, Person with Disability Owned Business (This business must be at least 51% owned and controlled by one or more individuals who are minority, female, or a person with disabilities).

 Other Minority (African Am) Minority (Hispanic) Minority (Native Am)

 Minority (Asian Am) Minority (Asian Pacific) Women Owned Disabled/Handicapped

Is your company listed on the US Government Excluded Parties List System ? Yes No

* Now a part of the System for Awards Management (SAM) the EPLS is an electronic, web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits.

Are you participating in any Group Purchasing Organization Contracts? E&I PACC

 USCommunities COSTARS GSA Broadline AICUP Premier Other \_\_\_\_\_\_

**Note to Vendors:** This form is designed to assist in the collection of data for evaluation of vendors who wish to become suppliers of goods and/or services to Widener University. All areas must be completed in their entirety. You must provide a Social Security Number (SSN) or Federal Employer Identification Number (EIN) in order for the University to process your payment(s). The University may be required, by Federal law, to report such payments along with the SSN/EIN to Federal and State agencies.

**Form will not be processed if not signed or completed by vendor:**

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| Company Representative or Individual (Print Name): Title: |
| Company Representative or Individual (Signature): Date: |

For internal use: Purchasing Accounts Payable

New Vendor Number: